

(E)

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Capital Dr., 3rd Floor, Baton Rouge, LA 70808, or fax to (225) 763-6789. For information or assistance, call (225) 763-9777 or (800) 842-6830. No fee is required.
- This form must be submitted within 5 days of any changes in your registration. Form is to add employers or track your expenses. It must be submitted within 10 days of any beginning date of employment or representation.



TOR OFFICE USE ONLY
 Postmark Date: 1-11-07
 ESAPP
 Wmi

3070200

1. NAME Duricilh Cardace Q
Last First MI

2. NAME KIMMICK
Last First MI

3. BUSINESS PHONE 225 930-7810
(Area Code) Phone Number

4. FAX PHONE 225 987-0900

5. BUSINESS ADDRESS Suite 400 9300 W. Esplanade Ave, Metairie LA 70002-1906
Street and No. City State Zip

MAILING ADDRESS Same as above
Street and No. City State Zip

6. EMPLOYER HallSouth Business Systems, Inc. (parent, AT&T Inc.)

7. EMPLOYER'S ADDRESS Same as above
Street and No. City State Zip

8. Have you ceased or discontinued all lobbying activities requiring registration? Yes No X

9. LIST BELOW (a) names of persons, groups, or organizations which you are aiding or assisting; (b) the address of each such person, group, or organization; (c) the type of business each is engaged in or the purpose or function of the organization; (d) whether or not the other person or persons also pay you to lobby; and (e) the date of termination if applicable.

1) Name AT&T Inc. and its affiliates and subsidiaries
 Address same as above

Business purpose Telecommunications sales and related services and equipment

New Representation
 Does this person pay you? No
 If No, who pays you? HallSouth Business Systems, Inc.

Terminated Representation as of _____

2007 JAN 11 11 31 30
 RECEIVED
 OFFICE OF THE ATTORNEY GENERAL

**EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM**

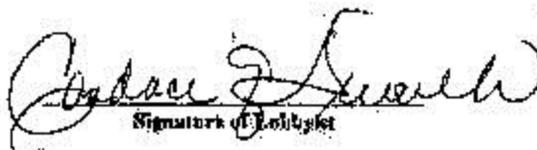


2) Name _____
 Address _____
 Business or purpose _____
 New Representation
 Does this person pay you? _____
 If No, who pays you? _____
 Terminated Representation as of _____

3) Name _____
 Address _____
 Business or purpose _____
 New Representation
 Does this person pay you? _____
 If No, who pays you? _____
 Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LEA-R.S. 49:71 et seq. has been deliberately omitted.


 Signature of Lobbyist